Louisiana Department of Transportation and Development P.O. Box 94042

Baton Rouge, Louisiana 70804-9042 Attention: Truck Permits Section Fax Number: 225-377-7108

Application for: Sugar Cane Permit \$100.00

Issued to (Company Name):		Issued to (Issued to (Company Name):			
Customer I.D. Number:	Customer	Customer I.D. Number:				
Customer 1.D. Number.	Customer	Customer I.D. Number.				
Address:		Address:	Address:			
Phone Number to be contacted:	 					
Fnone Number to be contacted:	;					
PLEASE ENCLOSE A (CHECK, MONEY ORDER OF	R CREDIT CARI	D (info below) FOR \$	100.00 FOR	EACH PERMIT	
			This Permit may be tied to either vehicle or trailer) License Number License State Effective Date			
Make & Model	VIN (last 10 digits)	License Nu	mber Licen	ise State	Effective Date	
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This is a way	wood for a Dormit with th	o following ovi	la & avaga vahiala	lood limits	.tions	
This is a req	uest for a Permit with the (This Permit is allo	_	_	ioau iiiiita	itions	
	(This i clinic is and	wed on miers	tate Highways)			
Single axle			12,000 pounds			
Tandem axle			48,000 pounds			
Gross weight (not to exceed)			100,000 pounds			
		•	,	•		
		rd Info (if applica	able):			
V 1	isa \Box	MasterCard		Amer	ican Express	
Card Number:			Expiration Date:			
Name on Credit Card:			Phone # of Cardholder:			
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Date

Signature of applicant